

California Schools Employee Benefits Organization
Renewal Rates Effective January 1, 2026, Through December 31, 2026
Ventura Unified School District

<u>Eligibility</u>	<u>Coverage</u>	<u>Vendor</u>	<u>Plan</u>	<u>Tier</u>	<u>Rate Basis</u>	<u>CSEBO Billed Premium</u>
COBRA	Medical	Anthem	Indemnity IV PPO ¹	Single	Monthly	\$ 902.92
				Two-Party		\$ 1,804.89
				Family		\$ 2,436.95
		Kaiser	CDHP PPO 90	Single	Monthly	\$ 725.47
				Two-Party		\$ 1,325.96
				Family		\$ 1,817.47
	Dental	Delta Dental	PPO ³	Single	Monthly	\$ 72.67
				Two-Party		\$ 130.65
				Family		\$ 202.86
		VSP	Base	Single	Monthly	\$ 8.23
				Two-Party		\$ 14.88
				Family		\$ 23.02
	Vision	VSP	Buy-Up	Single	Monthly	\$ 13.93
				Two-Party		\$ 25.21
				Family		\$ 39.00

NOTE: COBRA rates do not include the permissible 2% administrative load. Please refer to the COBRA Notes page for more information.

¹Includes \$20K lifetime maximum infertility benefits, 50% coinsurance, in and out of network.

²Includes chiropractic and acupuncture rider.

³Based on In-Network/Out-of-Network annual maximum of \$2,500 with incentive levels of 70/80/90/100, implant coverage, night guards, and 2 cleanings per year.